PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte	ed below or directed of	nerwise in Block I, by (a					arate "FEE ADDRESS" for
CURRENT CORRESPONDE	N Fo pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
47973	7590 12/30	/2009	na				
WORKMAN N 1000 EAGLE GA 60 EAST SOUT	I i St ac tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SALT LAKE CI		(Depositor's name)					
			-				(Signature)
		(Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNI	EY DOCKET NO.	CONFIRMATION NO.
10/769,104	01/30/2004		Catalin D. Sandu		13768.1268		9006
TITLE OF INVENTION: SYSTEM AND METHOD FOR DETECTING MALWARE IN EXECUTABLE SCRIPTS ACCORDING TO ITS FUNCTIONALITY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISS	JE FEB T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/30/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
HAILU, T	HAILU, TESHOME		713-200000				
1. Change of corresponde CFR 1.363).	ence address or indicatio	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	ondence address (or Cha 3/122) attached.						
_	3/122) attached. ication (or "Fee Address 2 or more recent) attach						
Number is required.							
3, ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)	noo is idont	ified below the d	acument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIC	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Microsoft Corp			nond, Washington				
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Governmen							
4a. The following fec(s) a	are submitted:	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
Issue Fee		☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	o small entity discount p	In Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).					
			overpayment, to Dep	osit Account Numb	per <u>23-31</u>	78 (énclose ai	n extra copy of this form).
	s SMALL ENTITY state	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requestroyed)	uired) will not be accepted ses Patent and Trademark	d from anyone other than Office.	the applicant; a reg	gistered attor	mey or agent; or th	ne assignee or other party in
Authorized Signature		Meglegger		Date F	orua	ry 17, 2	010
Typed or printed name		Registration					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
				· · · · · · · · · · · · · · · · · · ·			